

**Mark to Market
Closing Parties Checklist****Form 7.7****Date:** _____**PAE**

Name:	Contact Person:
Address:	
Phone Number:	FAX Number:

PAE's Attorney

Name:	Contact Person:
Address:	
Phone Number:	FAX Number

Owner

Name:
Address:
Phone Number: FAX Number:

Owner's Attorney

Name:
Firm:
Address:
Phone Number: FAX Number:

OAHP Preservation Office

Preservation Office:	Debt Restructuring Specialist:
Address:	
Phone Number:	FAX Number:

Existing Mortgagee

Name:	Contact Person:
Address:	
Phone Number:	FAX Number:

Loan Servicer

Name:	Contact Person:
Address:	
Phone Number:	FAX Number:

New Mortgagee

Name:	Contact Person:
Address:	
Phone Number:	FAX Number:

New Mortgagee's Loan Servicer

Name:	Contact Person:
Address:	
Phone Number:	FAX Number:

Closing Escrow Agent

Name:	Contact Person:
Address:	
Phone Number:	FAX Number:

Title Company

Name:	Contact Person:
Address:	
Phone Number:	FAX Number:

Project Billing Address (post-closing)

Name:	Contact Person:
Address:	
Phone Number:	FAX Number: